

An  
Inaugural Essay

Read March 10 1828

On  
Hemorrhoids

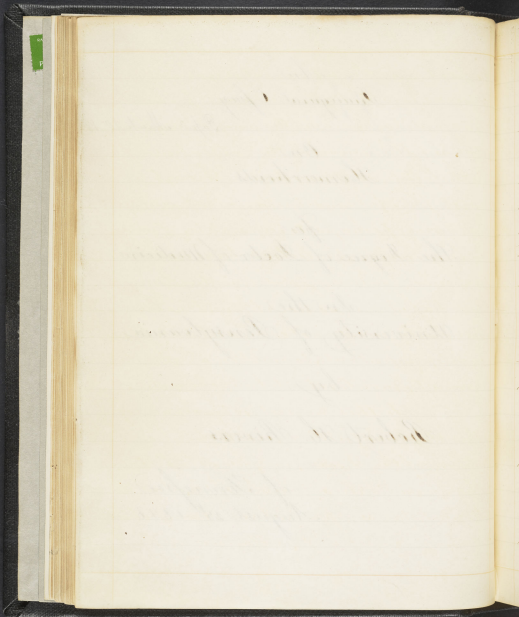
For  
The Degree of Doctor of Medicine

In the  
University of Pennsylvania

by

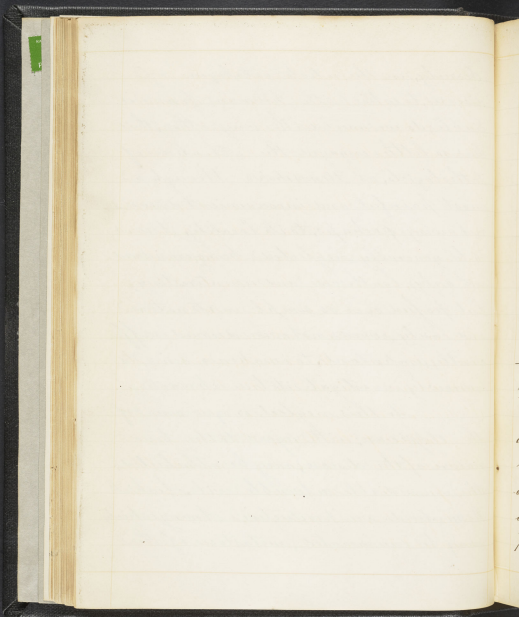
Robert H. Rivers

of Tennessee  
August 25<sup>th</sup> 1828



Scarcely, in the whole catalogue of diseases, to which the human frame is liable do we meet with any other, that has so little engaged the attention of pathologists, as Hemorrhoids. Though a most painful and inconvenient disease; yet owing perhaps, to its locality, it seems to be generally neglected, being considered not only loathsome and uninteresting; but passed over as simple in its nature, and easily cured, not even deemed sufficiently important, to awaken a desire, to narrowly investigate its true character.

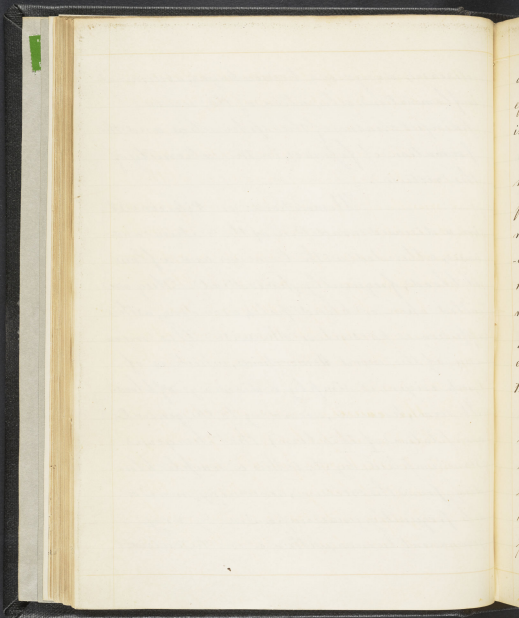
To this neglect or ignorance of the physician, with regard to the true nature of the disease, may be attributed, the irremediable or terrible evils, of which Hemorrhoids are productive. Among which, may be enumerated, metastasis of the





disease), dangerous hemorrhages, abdominal inflammation, ulceration of the rectum, painful spasms of the sphincters and the formation of fissures, in the extremity of the rectum.

Hemorrhoids or Piles consist in a diseased condition of the rectum and anus, attended with tumours and a flow of blood, frequently periodical. They are called open or blind piles, according as this effusion is present or otherwise. The meaning of the word Hemorrhoids, which is of Greek origin, is simply a discharge of blood. It seems, however, according to the general acceptance of this term, that Surgeons have implied by it, either a simple bleeding from the rectum, recurring more or less frequently, unaccompanied by any permanent tumour, within or on the outside



of the anus, or lastly, tumours produced by effused blood, which is sometimes converted into an organic substance.

This disease spares neither age nor sex. It has begun as early as at the first month of infancy; but it very seldom molests children, and may rather be considered as the disease of adults. Women, during the state of pregnancy, and just after the menses have finally left them, are peculiarly subject to hemorrhoids; at all other times, they are less troubled with them than men.

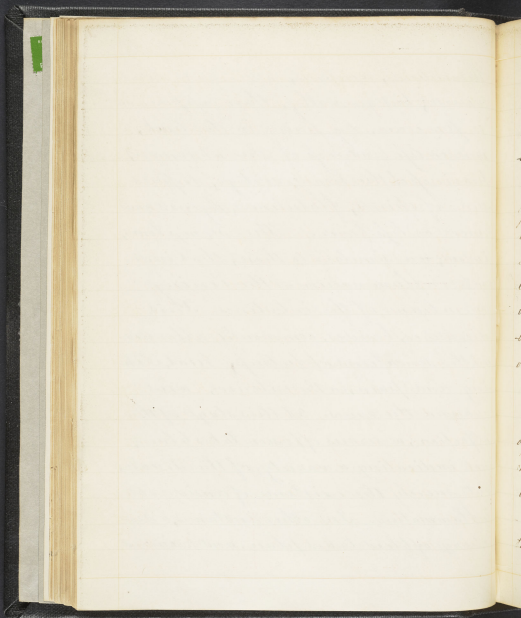
The causes of hemorrhoids, are habitual constipation, the prolonged efforts to discharge faecal matter, the lodgement of foreign bodies in the rectum, suppositories or worms, the frequent use of warm injections, the



habit of sitting, on soft cushions, the abuse of drastic purgatives, heating aliment, alcoholic liquors, the compression of the abdomen, by belts or corsets, the weight of the gravid uterus pressing on the iliac veins. Aloes, Colocynthis and Rhubarb, produce, when given in large doses, a straining action of the rectum; and thereby, a great determination of blood to the hemorrhoidal vessels, and thus give rise to the formation of tumours. The sphincter muscle grasps the internal folds of the rectum, and the hemorrhoids, and thus, increases the disease. The above purgatives, are therefore dangerous, and in the order above designated. Suppositories, stimulating clysters, are for this reason, to be avoided.



Hemorrhoids, sometimes, occur as a local disease; but generally, their appearance is preceded, by pain in the back; more or less tenderness of the abdomen; heaviness of the head; vertigo; depression of spirits, flatulency, rigours and more or less fever. The symptoms, indeed, are similar to those, that indicate inflammation of the lining membrane of the intestines. This disease is, besides, commonly, attended with sensations of fulness, heat, itching, and pain, in the interior, and around the anus. At this stage of the affection, a serous effusion takes place, not indicating a variety of the disease, but merely the existence of considerable inflammation. In other instances, a discharge of blood takes place, and procures





immediate relief, to all the symptoms. This flow of blood takes place, when the patient is at stool. It may continue to flow some days, and has been known to occur, daily, for months and years. When there is no discharge of blood, one or more tumours, of a round shining appearance, of a dark violet colour, may be observed at the margin of the anus, and sometimes even within the rectum, attended with more or less inflammation.

Concerning these tumours, there has been considerable diversity of opinion, among Pathologists, and until recently, their true nature has been imperfectly understood. It was supposed, that they consisted of a varicose dilatation of the hemorrhoidal veins. Cullen,

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seems to have been the first, to suggest, that  
piles did not consist of varicose veins, but  
of an effusion of blood into the cellular  
tissue of the intestine, near its extremity.  
This opinion was adopted by Haemmer,  
though, not until, he had perfectly  
satisfied himself of its truth, by repeated  
dissections. He discovered, that the blood  
was contained within a delicate membra-  
nous cyst, formed out of the cellular coats.  
In no instance, did he discover, even  
a connexion, between these tumours  
and varicose veins.

Independently, of the  
proof derived from dissections, it seems  
evident from the enormous size, to which  
these tumours sometimes attain, that  
they do not consist of a varicose dilatation  
of the veins. If removed by the knife, the



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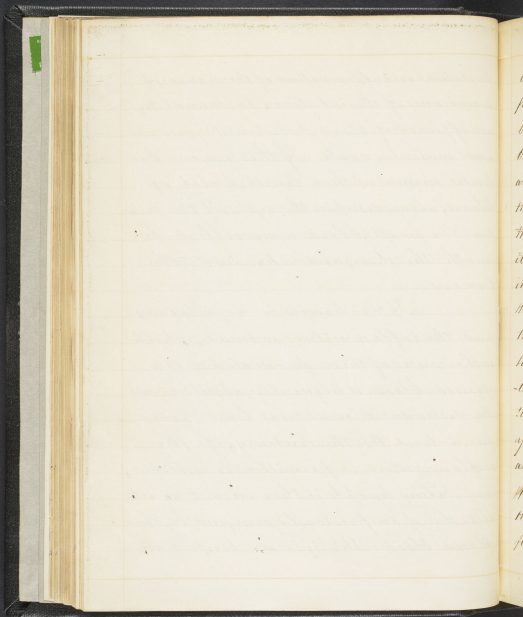
bleeding, is very inconsiderable, even when, they, are of the largest size. Schmuicker, states, that he was called to a gentleman, who had some hemorrhoidal tumours, of which, one was as large as his fist. He extirpated them with the knife, and his patient speedily recovered, the loss of blood being but trifling. If the piles were varices, there would always be, profuse hemorrhages. After some portion of the blood is evacuated, or the local determination of fluids has ceased, the tumours collapse, leaving as many pendulous flaps, formed of the distended cutis — a condition of the parts, which could never be expected, if the disease consisted of dilated veins.

The first stage of this disease, then, is found to consist, of



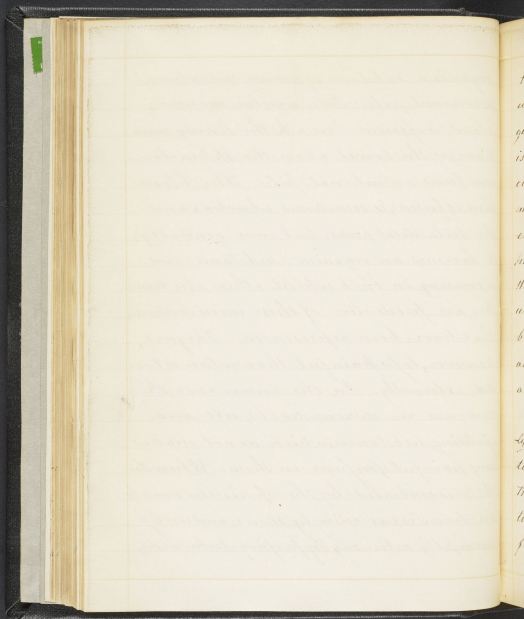
irritation or inflammation of the mucous membrane of the intestine: followed by an effusion of blood, between the mucous and muscular coats. If this tumour be freely opened with a lancet, a clot of blood, alone occupies the cyst. If the puncture be small, blood again collects beneath the skin, and reproduces, the tumour.

If the bowels be regulated, and the inflammation subdued, which is the cause of these productions; the effused blood is frequently absorbed, and the distended skin appears loose and pendulous. On the contrary, if the inflammation be permitted to continue, coagulating lymph is thrown out, so as to fill the space previously occupied by the effused blood. This in time becomes an



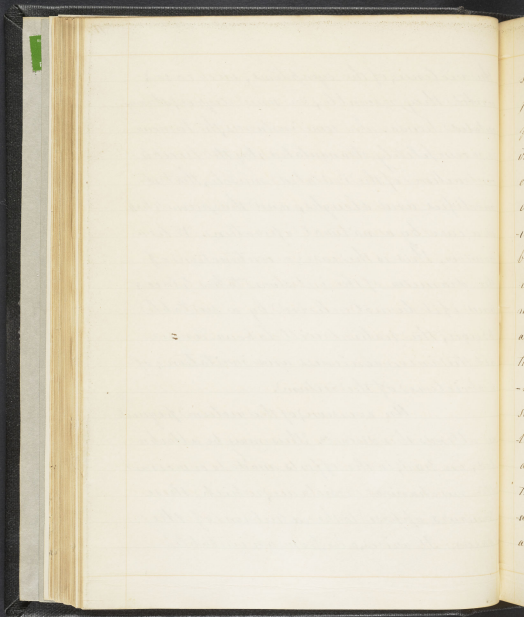


organised substance, forming an external permanent pile. In a similar manner; blood is effused beneath the lining membrane, of the bowel above the sphincter and forms an internal pile. The blood thus effused, is sometimes absorbed, and the pile disappears; but more generally, it becomes an organised substance, and increasing in bulk whilst others also form they are productive of those inconveniences that have been represented. They are, however, less painful than when situated externally. In the former case, the tumours are surrounded by soft and yielding substances, which do not make any painful pressure on them. When the pile is embraced by the sphincter muscle the pain is exceedingly severe, and unless promptly relieved, by pressing it upwards,

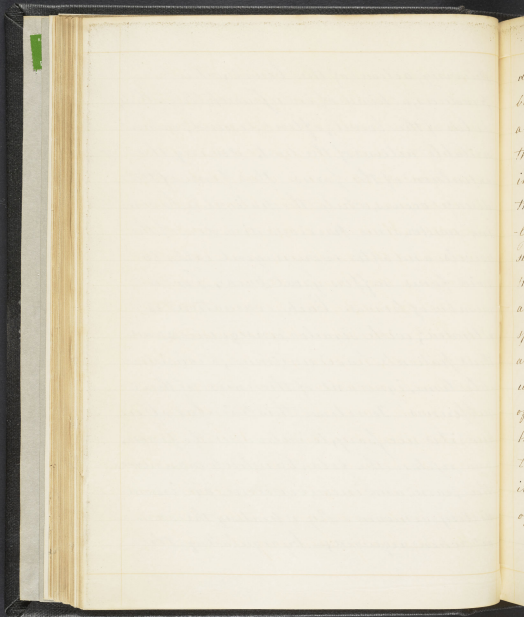


the violence, of the symptoms, increase, until they resemble, in some degree, strangulated hernia. In some instances, the tumour is so completely strangulated, by the forcible contraction of the irritated muscle, that it mortifies and sloughs, and thus, accomplishes a cure by a natural operation. When, however, this is the case, a contraction of the diameter of the intestine takes place, and if it be not relieved by a suitable bougie, the patient will labour under all the inconveniences and irritation, of a stricture of the rectum.

An eversion of the rectum frequently attends this disease. This may be attributed, in part, to the efforts made to overcome the mechanical resistance, which these tumours oppose to the expulsion of the faeces. It arises, also, from an irritable

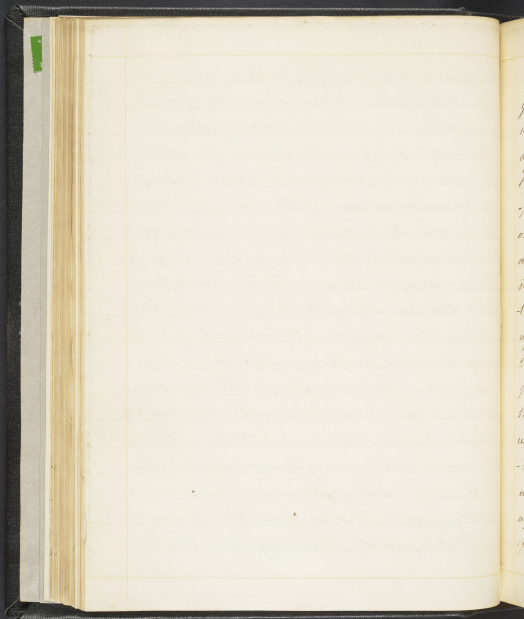


striving, action of the bowel, which produces, a kind of intussusception. Thus, folds of the bowel, often descend, in an irritable action of the part, during the expulsion of the faeces. This form of the disease occurs, while the patient is labouring under some previous disorder of the bowels; and after every urgent call, to void faeces suffers great pain, for a number of hours. Each evacuation is attended, with similar consequences; and thus patients have continued, a considerable time, ignorant of the cause of their sufferings. To relieve this painful affection; it is necessary, to introduce the finger, and replace the fold; by which manoeuvres the pain and inconvenience are immediately removed. By repeating the same act when required; by regulating the



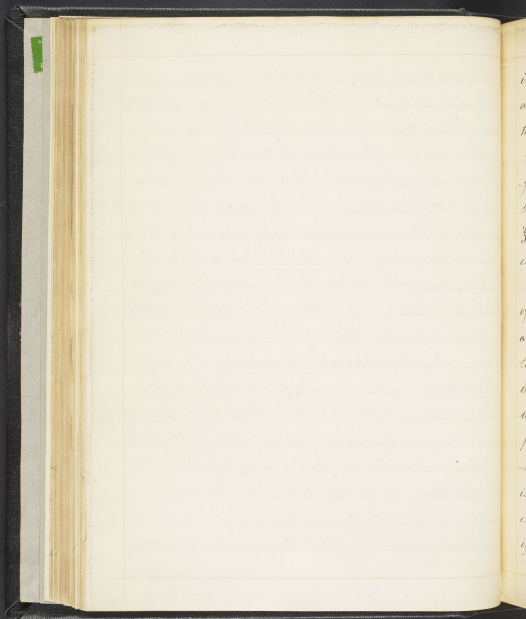
diet; and by keeping the action of the  
 bowels in a health and open state, with  
 a mixture of castor oil and mucilage?  
 the patient has suffered no further  
 inconvenience; and in a short time,  
 the faulty action of the bowels entire-  
 ly ceases. If this mode of relieving the  
 sufferings of the patient, be not adopted,  
 the folds of the bowel become irritated  
 and thickened, by the pressure of the  
 sphincter muscle. It now enlarges  
 and becomes, in form, adapted to this  
 unnatural situation; and thus, folds  
 of the bowel are often met with, forming  
 hemorrhoidal tumours. When these  
 tumours become inflamed and swollen,  
 it has a tendency, to draw down more  
 of the bowel and increase the disease.

It has, already, been suggested, that,





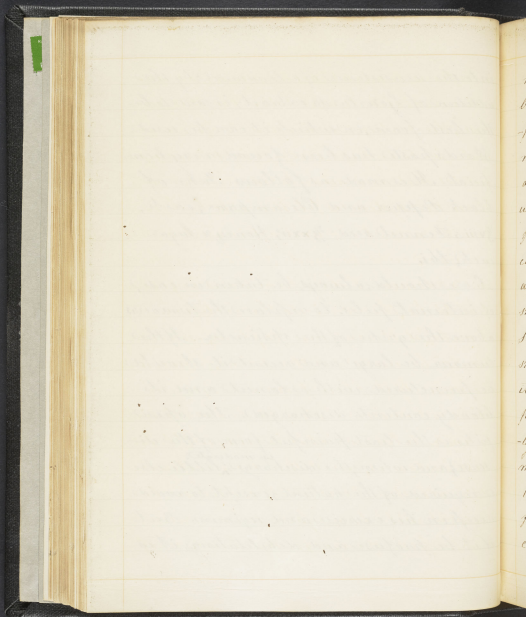
hemorrhoids appear to be the effect, of general disorder of the alimentary canal; and, that, the correction of the general affection, is essential to the cure of the local disease. This can be best accomplished, by general bleeding; abstinence; or at least a suitable regulation of the diet; - keeping the bowels in a soluble state, by some mild aperient, - a horizontal position and cold applications to the affected part. From the known properties, which Balsam Copaiva is said, to possess, in removing inflammation from the mucous tissues; it has been prescribed with advantage, in hemorrhoids. Its exhibition should be preceded, by direct depletion. As a sedative, the topical application of Stramonium, has been found, useful. The stramonium, made



into the consistence of a liniment; by the addition of Gowerlards extract, is said to be the best form, in which it can be used.

Wards paste has been found very beneficial. It is made as follows. Take of black Pepper and Olecampane, each, ℥viii; Bennet seed ℥xxii; Honey & Sugar each, ℔i.

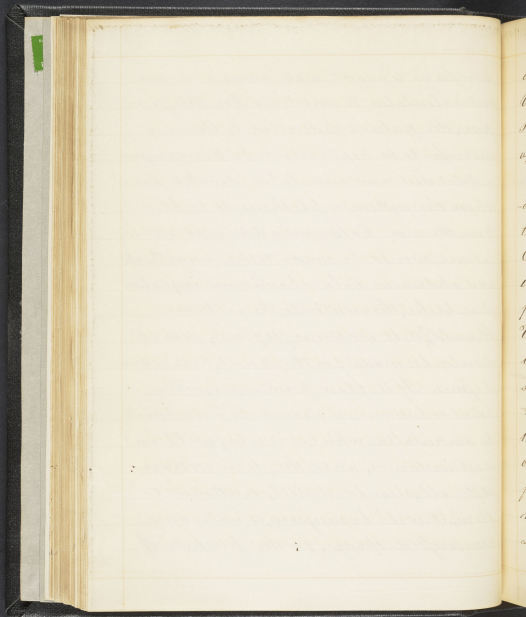
Care should always be taken, in case, of internal piles, to replace the tumours above the griffe of the sphincter. If the tumour be large and recent it should be punctured with a lancet and its bloody contents discharged. The open piles is the least painful form of the disease; and when, the discharge <sup>is moderate</sup>, little else is required of the patient, except to avoid excess in his exercise and regimen. But if it be profuse and debilitating, it is



necessary, to adopt such means as are best calculated to arrest it. For this purpose, the patient is directed to lie on a matras, to be kept cool, to be placed upon a strict diet and acidulated drinks: and when the system is plethoric to be bled from the arm. Cold and astringent applications should be made, to the anus, thighs and abdomen. Cold aluminous injections should be thrown into the rectum.

Should <sup>t</sup> still continue to flow, search should be made for the point, from which it issues. If it flow from a projecting point or tumour; it should be immediately amputated; which, it is said, will in most instances, arrest the hemorrhage.

After all, should it still continue to flow; it will be necessary, to introduce compressed sponge, for the purpose of



exciting pressure on the bleeding vessels. Under such circumstances, the French Surgeons rely, almost, exclusively, on the application of the actual cautery.

The entire suppression, of an habitual hæmorrhoidal flux, will give rise to other alarming diseases, such as Epilepsy, Coughs &c. When this occurs, we must endeavour by all possible means, to produce a revulsion to the rectum. Warm stimulating fluids should be injected, and the patient should sit over the steam of hot water. If these means fail; leeches should then be applied, around the anus; or recourse may be had to electricity for the same purpose. The latter method is strongly recommended by Desault; who states; that he has

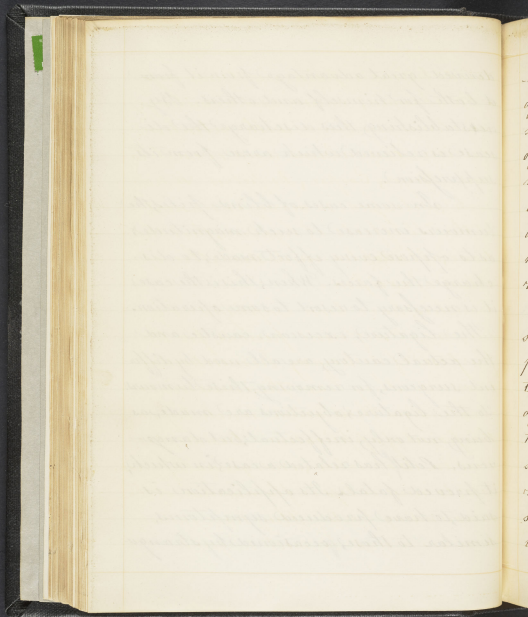




derived great advantage from it both for himself and others. By reestablishing this discharge the disease is relieved which arose from its suppression.

In some cases of blind piles the tumours increase to such magnitude, as to oppose every effort made, to discharge the faeces. When, this is the case, it is necessary to resort to some operation.

The ligature, excision, caustic and the actual cautery, are all used by different surgeons, for removing these tumours. To the ligature, objections are made, as being not only ineffectual, but dangerous. Petit has related a case, in which, it proved fatal. Its application is said, to have produced symptoms, similar to those, occasioned by strangu-



lated hernia; pain and tenderness of the abdomen; nausea and vomiting; sometimes combined with retention of urine; convulsions and even tetanus. Boyer, Cooper, Dupuytren &c. have each, witnessed, so many instances, of the ill effects of ligatures, that they have, all, adopted in its stead, the operation of excision.

Caustics, have been employed by surgeons, at different periods, for the purpose of destroying hemorrhoidal tumours. They have the inconvenience of extending their action much beyond the point of application. Besides, it is slow in its operation, and generally gives rise, to more or less inflammation, of the surrounding parts. They have entirely been renounced by most surgeons.



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The actual cautery, was an operation, chiefly, relied on, by the ancients, for the removal of hemorrhoidal tumours. But, as this method was found, exceedingly painful, and was followed by symptoms of an unmanageable and distressing character, it also has been rejected.

Excision is at present considered the safest, most prompt, most effectual and least painful method, of removing these tumours.

Previously to undertaking the operation, it is proper, that the digestive organs should be restored to health, and that, the bowels acquire, the habit of daily and regularly, evacuating, the refuse matter of the food. The bowels ought to be, perfectly emptied, before the operation. The bowels being evicted to the



utmost, by the efforts made, in evacuating, the faeces; and the parts cleansed, by bathing in tepid water: the pile should be seized by a double hook, and when drawn upwards from the bowel, it may be removed by a pair of scissors.

The hemorrhoidal tumours being removed, the wounds should be suffered to bleed, as long as they are disposed to do so; and afterwards, the parts should be completely replaced, by means of the finger previously anointed.

The patient should now, be placed in a horizontal position: The nates should be exposed, and the parts surrounding the anus should be bathed in cold water, in order, to prevent inflammation.

Diminishing the temperature of parts, is one of the most potent means in our poss

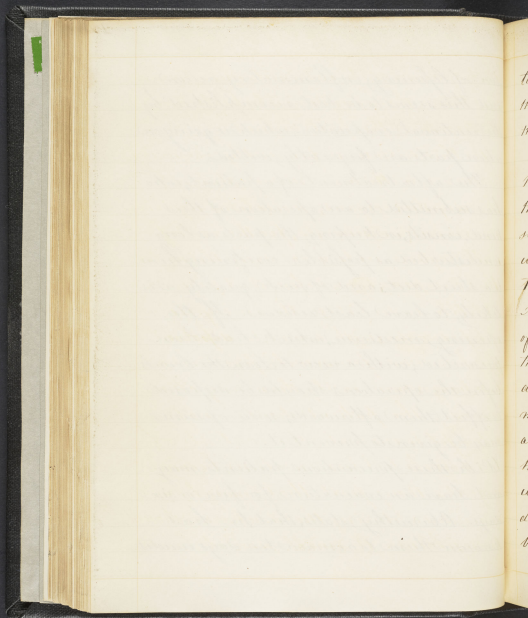
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tion of lessening, inflammatory action; and this seems to be best accomplished by the continual evaporation, which is going on when parts are frequently wetted.

The after treatment of a patient, who has submitted to an operation of this kind, consists, in keeping the parts as long undisturbed as possible;—confining him to a strict diet, and of such quality as is likely to leave least residue. If the opening medicine, which had been prescribed, with a view to clean the bowels before the operation, should be disposed to effect them afterwards, some opium may be given to prevent it.

With these precautions patients may not have an evacuation, for five or six days. Abernethy states, that he has known them to remain ten days undis-



turbed under such circumstances. During this time, the wound nearly heals and the health of the parts restored.

As this disease is frequently connected, however, with a disordered state of the digestive organs; sensations requiring some alvine discharges, for their relief, will require us to give something for this purpose, long before that period. A little castor oil with an injection of tepid water, with a view, to dissolve the hardened faeces, will procure a discharge more easily, than any other means. The patient should not attempt to evacuate the contents of his bowels till his sensations become urgent. Any part, that may have descended, during the discharge, should be replaced. A small dose of Laud-

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num may be given, to stop any  
further effect from the purgative  
medicine.

— **Finis** —

